

FROM:

FAX NO. : 8177389467

Jun. 30 2003 06:13PM P1

FAX RECEIVED

JUL 01 2003

GROUP 1600

FAX

N uroDigm Company

5521 Bellaire Drive S. #200
Fort Worth, Texas 76109
Tel 817-738-9990
Fax 817-738-9467

New Avenues In Nervous System Research

To:

From:

Name:

Name:

Company:

Tel:

Date:

Fax:

E-mail:

TC 1600

Mary H. Romans

Petition Extension

cc: V. Bertoglio

6-30-03

703-308-4556 / 703-872-9306
703-305-5489

hannaman@neurodigm.com

☐ Urgent ☐ Call when received ☐ Review then call ☐ Review & return ☐ To review

Total number of pages:

3

Regarding:

① Extension for Patent

Comments:

Application 09/800,870
Filed 3-7-01

② Response e-mailed to V. Bertoglio

note on 12-27-02

filed a 2 month extension
without the response.

www.nurodigm.com

PTO/SB/22 (10-00)

Approved for use through 10/31/2002, OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of "Automated Model of Neurogenic Pain"</td> </tr> <tr> <td style="padding: 5px;">Application Number 09/800,870</td> <td style="padding: 5px;">Filed 3-7-01</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For extension to restriction response 12-2-02</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1632</td> <td style="padding: 5px;">Examiner Valerie Bertoglio</td> </tr> </table>			In re Application of "Automated Model of Neurogenic Pain"		Application Number 09/800,870	Filed 3-7-01	For extension to restriction response 12-2-02		Group Art Unit 1632	Examiner Valerie Bertoglio
In re Application of "Automated Model of Neurogenic Pain"										
Application Number 09/800,870	Filed 3-7-01									
For extension to restriction response 12-2-02										
Group Art Unit 1632	Examiner Valerie Bertoglio									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> </div> <div style="width: 15%; text-align: right;"> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ <u>440.00</u></p> <p>\$ _____</p> </div> </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>220.00</u>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input checked="" type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>6-30-02</u></p> <p>Date</p> </div> <div style="width: 50%; text-align: right;"> <p><u>Mary J. Roman</u></p> <p>Signature</p> <p><u>Mary J. Roman</u></p> <p>Typed or printed name</p> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>										
<input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted. <u>Credit card form PTO-2038</u>										

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.